



Accent Modification - Adult Case History Form

Name _____ Date _____

Date-of-Birth _____ Age _____ Pronouns _____

Address _____

Phone _____ Alternate Phone _____
Home Work Cell (CIRCLE ONE) Home Work Cell (CIRCLE ONE)

Email Address _____

Insurance:

Primary _____ Secondary _____

Policy # _____ Policy # _____

Group # _____ Group # _____

Subscriber Name _____ Subscriber Name _____

Subscriber DOB _____ Subscriber DOB _____

Subscriber Phone Number & Address _____

Occupation/Former Occupation _____ Employer _____

Highest Level of Education Completed _____

Name of Spouse or Nearest Relative _____

Native Language _____ Primary Language _____

Physician's Name _____ Phone _____

Referred By _____

Person Completing this Form _____ Relationship _____

1. Why do you wish to be evaluated in our clinic? Please describe.

2. What would you hope to gain through the use of our services?

3. Have you ever received previous instruction for your speech production and language skills? If so, when and where?

4. When did you begin to study English?

5. How long have you been speaking English?

6. How long have you lived in the United States?

7. How often do you speak English? (e.g., only in class/at work, only occasionally with English speaking peers, etc.)

8. When you are with others from your native country, what language do you speak?

9. How confident are you in your ability to speak English?

Very Confident ————— Somewhat Confident ————— Not At All Confident
5 4 3 2 1

10. How confident are you in your use of English vocabulary?

Very Confident ————— Somewhat Confident ————— Not At All Confident
5 4 3 2 1

11. How confident are you in the use of grammatical structures of standard American English?

Very Confident ————— Somewhat Confident ————— Not At All Confident
5 4 3 2 1

12. How easily is your speech understood by native English speakers?

Very Easily Understood ————— Usually Understood ————— Much Difficulty Understanding
5 4 3 2 1

13. Do you feel like you possess the vocabulary needed to adequately express yourself? If no, explain.

14. Which English speech sounds are the most difficult for you to produce?

15. What speaking situations do you feel most confident in?

16. When speaking English, what speaking situations make you most nervous?

17. Do you have difficulty understanding individuals who speak English as their first language? If so, explain.

18. What do you do when you are not understood by a listener?

19. What else do you feel would be helpful for us to know about you?
